Needs Assessment:

Substance Abuse Issues in Carter County

and

Resources Are Available for Low-Income Families

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Statement of Purpose

Theory

The researcher believed that Carter County Social Services had a high number of clients that were affected with substance abuse issues. Many of the social workers stated that most of their clients were affected with substance abuse issues. Supervisor, Ingrid Jordan, stated: "The number one reason social workers were called out to a house was due to substance abuse issues (Ingrid Jordan, personal interview, February 7, 2006).

Hypothesis

Since substance abuse issues were the number one reason social workers were called out on a case, then Carter County residents must have had a high percentage of substance abuse issues.

The researcher was interested in finding out: 1) How many clients in Carter County and Nationwide had documented substance abuse problems? 2) What resources were available for low-income families?

Definitions

There were several terms that needed to be defined for this project. The first term was, **Resources:** this included, clinics, classes, or anything available to help Carter County residents with substance abuse issues to better their lives.

The second term was, **Low-Income:** according to internet studies, this was the federal poverty level for low-income. For a family of four the federal poverty level was $20,000. For a family of three the federal poverty level was $16,000 and for a family of two the federal poverty level was $13,200 (I. Jordan, personal communications, February 7, 2006).

The third term to be defined was, **Substance Abuse.** Substance abuse was any form of illegal or legal drug (marijuana, methane, cocaine) or alcohol abuse where if used to much at one time the effects were detrimental to the individual's physical health or mental health, or the welfare of others (Wikipedia, The Free Encyclopedia, 2006).

The final term to be defined was **Snap.** Snap was a computer software program that helped the researcher do the statistics portion to this project.

Literature Review

Introduction

Substance abuse was more common in Carter County than people realized. Substance abuse was not just abuse of an illegal drug; people also used legal drugs and alcohol. The number one abused drug in Carter County was a legal prescription. FADE officer, Travis Steele,

was quoted saying, "Oxycodone is the number one abused drug in Carter County. It is not the cheapest; however it is the most readily accessible. It costs on an average $1.00 per milligram, so Thirty Milligrams would cost $30.00 (Travis Steele, personal communication, February 21, 2006)."

In 2003, the number one crop growing plant in Carter County was not tobacco, but marijuana. "Drug usage continues to be a problem in Carter County, and solving the problem continues to be difficult because there are not enough resources available. The Government did not give out enough money for drug enforcement because the funding from all other programs is now being used for Homeland Security (Travis Steele, personal communication, February 21, 2006)."

What is Substance Abuse?

"**Substance abuse** refers to the overindulgence in and dependence on a stimulant, depressant, chemical substance, herb, (plant) or fungus leading to effects that are detrimental to the individual's physical health or mental health, or the welfare of others (Wikipedia, The Free Encyclopedia, 2006)." This ranged from marijuana, methane, alcohol or prescription pain pills.

The Diagnostic and Statistical Manual of Mental Disorders defined substance abuse as, "The essential feature of Substance Abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. In order for an Abuse criterion to be met, the substance-related problem must have occurred repeatedly during the same 12-month period or been persistent (American Psychiatric Association, 2000)."

Correlating Substance Abuse and Child Abuse

Before the different types of drugs could be identified there needed to be a correlation between drugs and child abuse or neglect. It was difficult to find the correlation between substance abuse issues and child abuse or neglect; however once the researcher began to look at studies on child abuse the correlation was there.

Most of the information found was on mothers that abused drugs or alcohol during their pregnancy. Many believe that this would not be considered child abuse or neglect because they would not consider the fetus to be a child. Research found this belief to be wrong, due to the fact that once the fetus was born the newborn was addicted to drugs because of the mother. The researcher noted:

> The infant born drug-exposed is justifiably an object of great concern. The physiological consequences of prenatal drug exposure are often severe, ranging from prematurity, low birth weight and abstinence syndrome—where the child exhibits withdrawal symptoms including wakefulness, irritability, and jitteriness (1990 Robin-Vergeer).

Mothers tried to deny drug usage during pregnancy; however when the babies were born with drugs in their systems the mother had to admit she used drugs. This type of abuse was common in Carter County.

In 1991 a study was done throughout America on how many cases substantiated on neglect or child abuse, and of those cases how many of the cases had to do with some form of drug or alcohol abuse. Over 900,000 were found to be substantiated, and of those that were substantiated 675,000 involved parents or caretakers that were abusing drugs or alcohol. "In Congregational testimony and hearings by the United States Advisory Board on Child Abuse and Neglect, alcohol and drug abuse is the most frequently cited factor contributing to the increase in child maltreatment (1991 McCullough)."

In the same article the researcher found that it reported, "Nationwide, it is estimated that between 30% and 90% of all confirmed child abuse cases and as high as three quarters of child abuse fatalities in some cities involve families where there is some degree of adult abuse of drugs or alcohol (1991 McCullough)."

Types of Abused Drugs

Marijuana

Marijuana was a drug that was popular throughout the United States and other countries as well. As stated in the introduction, in Carter County it was the number one crop growing plant. Many people considered marijuana a lesser threat than other drugs available, such as, cocaine, heroin and methamphetamine. However, marijuana was not a risk-free drug like many believed. According to the National Drug Threat Assessment 2004:

> During intoxication, users experience impaired memory, judgment, and coordination, exposing themselves and others to harm through vehicular household and occupational accidents. In addition, increased heart rate — some 30 to 50 percent higher than normal — is the most consistent physiological effect of marijuana, and taking other drugs with marijuana can accelerate the increase further. Marijuana's long-term effects include those related to smoking, the primary method of administration. According to the National Institute on Drug Abuse, because marijuana contains carcinogens and irritants, long-term smoking of marijuana increases the risk of respiratory problems as well as the risk of cancer of the head, neck and lungs (NDTA, 2004).

Marijuana had long and short term effects other than medical. Some of the long-term side effects included impaired memory and learning skills. The more a person used marijuana, the greater his chances were at having memory and learning difficulties. This side effect could last many years after a person had used the drug.

The short-term side effects did not last as long, but were still harmful to the individual on the drug. Some of these side effects included euphoria and relaxation. Since marijuana was

considered to be a downer instead of an upper, the individual was normally in a more peaceful state of mind so there was not as much violence while the individual was high.

Cocaine

Cocaine was originally used in South America in the mid-19th century by natives of the region to relieve fatigue. Indians sucked on the leaves of the coca bush for a little high throughout the day. Pure cocaine (cocaine hydrochloride) was first used as a local anesthetic for surgeries in the 1880s and was the main stimulant drug used in tonics and elixirs for treatment of various illnesses in the early 1900s. Cocaine was popular in the mid-1980s because of its immediate high and its inexpensive production cost (ONDCP Drug Policy Information Clearinghouse, 2006).

As the problem of cocaine was even more apparent, concern escalated, and eventually resulted in a public demand for a ban on the social use of cocaine. In 1903 cocaine was removed from Coca Cola. However, in 1912 the United States Government still reported 5,000 cocaine related fatalities in one year and by 1920, the drug was officially banned (Cocaine a Deadly Road to Personal Ruin, no date).

Short term side effects of cocaine were extremely powerful. Unlike marijuana, cocaine was a stimulate; this drug gave a person a high, and gave them more energy, confidence boost, and a decreased appetite. Many models and actors used cocaine to loose weight. They started using it on weekends to loose a little weight, and then it became a part of their life. Some other side effects included, "constricted blood vessels and increased heart rate, blood pressure, and body temperature (NDTA 1)".

Long term side effects included, "irritability, mood disturbances, restlessness, auditory hallucinations, and paranoid psychosis. Prolonged cocaine use can cause medical complications including irritation or destruction of the nasal septum, disturbances in heart rhythm, heart attacks, respiratory failure, strokes, seizures and gastrointestinal gangrene. Cocaine usage can also cause violent behavior, cardiac arrest, seizures or death (NDTA 2)".

Cocaine can be found anywhere on the streets, and was sold for a low cost. According to a survey done in 1997, 4.6 million Americans have tried cocaine and 668,000 are current users (Crack: Cocaine Squared, 2000). Nine years later, cocaine use was higher and Americans began using it at a much younger age.

While doing research the researcher found that drug usage was common with mothers that were pregnant.

> "Although prenatal drug exposure does not seriously harm every child, those that hare affected may become "problem children" for their parents, who may be unable to meet their children's special needs. "Crack babies," for instance, frequently have trouble keeping down their food (1990 Robin-Vergeer).

Methamphetamine

In 1887, Amphetamine, phenylisopropylamine, was first synthesized by German chemist, L. Edeleano. In 1919, Japan discovered a new way to make methamphetamine and it was more potent and was much easier to make. In America this drug was called, Desoxyn. In the 1920's, medical research on amphetamine began; the testing included everything from an anti-depressant to a decongestant. In 1937 a tablet was made as an over the counter medication for a decongestant. During World War II and the 1950's people began to misuse the drug and used it to stay alert, motivated and to loose weight. In 1970, the Controlled Substance Act was written, and abuse of methamphetamine became illegal (MethamphetamineAddiction.com, 2005).

The side effects of methamphetamine ranged from psychotic behavior to brain damage. The short term side effects were loss of appetite, weight loss, periodontal disease nerve damage and hyperthermia (NDTA 17). The withdrawal symptoms were just as bad as the side effects during the "high" from methamphetamine. The withdrawal symptoms included depression, anxiety, fatigue, paranoia, aggression, and intense cravings.

Long term side effects of methamphetamine included violent behavior, anxiety, confusion, insomnia, auditory hallucinations, mood disturbances, delusions, and paranoia. Brain damage caused by methamphetamine included Alzheimer's disease, stroke or epilepsy (DEA U.S. Drug Enforcement Administration, no date).

Methamphetamine was taken four different ways: snorting, smoking, injecting and ingesting. Methamphetamine was inhaled, or snorted through the nose; the methamphetamine then traveled from the lungs into the bloodstream to the brain. The drug effect took 3-5 minutes, and the "high" lasted 8-24 hours. Smoking methamphetamine was done through an odorless vapor inhaled through a glass pipe. The methamphetamine traveled from the lungs into the bloodstream and to the brain. This "high" only lasts a few minutes, however it is very strong and extremely pleasurable. Injecting methamphetamine included a mixture of water and methamphetamine and was shot into the bloodstream, and went directly to the brain. The effects were similar to smoking methamphetamine. Ingested methamphetamine entered into the bloodstream through the digestive system. The drug effect took 15-20 minutes and the "high" was similar to snorting methamphetamine because it lasted 8-24 hours (Methamphetamine, no date).

Methamphetamine was very cheap to make, and the users made it in their home. The users purchased over the counter supplies to make this drug. Since methamphetamine was cheap to make, it was also cheap to sell. It can be purchased anywhere throughout the United States. However, methamphetamine was most common in rural areas of the United States because it was so cheap and easy.

Prescription Drugs

Some of the more common prescription drugs used in the wrong way are Oxycontin, Percocet, Xanax and Oxycodone. There were two ways prescription drugs got into a person's

system. The first was ingesting them, and the second was snorting them. Snorting the pill had a faster result, so it was the more common way of using the drug.

Percocet was the number one prescription drug used in Carter County. It was easy to find, and was very cheap. One website reported that,

> Percocet addiction was a major risk with prolonged use (over 2-3 weeks) of Percocet. Addictive drugs, such as Percocet activated the brain's reward systems. The promise of reward was very intense, and caused the individual to crave Percocet and to focus his or her activities around taking Percocet. The ability of Percocet to strongly activate brain reward mechanisms and its ability to chemically alter the normal functioning of these systems produced a Percocet addiction. Percocet also reduced a person's level of consciousness, harmed their ability to think or to be fully aware of present surroundings (Drug Rehab and Addiction Treatment Center, no date).

All the prescription drugs produced the same effect as the Percocet. They were all in the same price range, $5.00-8.00 per pill, and access was easy.

Resources Available for Low-income Families

In Carter County there were no resources available for people with substance abuse issues. If a person with substance abuse issues decided or was court-ordered to get help, then they traveled outside of Carter County. The researcher interviewed the two places available in Ashland. They were Pathways and Bellefonte Hospital. Both of these facilities were detox centers. This is what was discovered:

Pathways Detox Plus

The researcher spoke with a member of the staff on the phone. The questions asked were about the detox center available to people with substance abuse issues. The clinic was a 10-14 day detox, and it dealt with people with any type of substance abuse issues, drugs or alcohol. There were nine beds in the facility, which meant there was usually a waiting list for people to get in to be seen. The wait limit ranged from one day to one week.

Since Pathways was not owned by the government, it worked with the patients on how much it would cost them to be seen, a sliding fee scale. It cost the patient anywhere from $0-194.00 per day. Insurance and Medicaid were accepted as well. This price included: food, bedding, and classes offered during the duration of the stay.

The classes that were offered taught the patient about their addiction, feelings they were having, how to deal with their feelings, and tools to stay clean once the patient was on his own (personal communication, February 16, 2006).

Bellefonte Detox Clinic

The researcher spoke with Michael Hayne from Bellefonte Hospital in Ashland, Kentucky. The questions were the same for both interviews.

The Bellefonte Detox clinic was a 3-5 day program and it had 24 beds available. It was a shorter program because insurance did not allow the patient to stay as long in the hospital. However, if a person needed to stay longer after the five days, then arrangements were made with the client.

Classes were offered at the Bellefonte Clinic, and they were similar to the classes offered at Pathways. There was also an Out-Patient Counseling Program available; all patients were referred to this upon leaving the detox clinic.

Low-Income Patients received certain funding offered by the state of Kentucky; however they had to be residents of Kentucky in order to receive the assistance. Out-of-state residents were often referred to places in their own states. Insurance and Medicaid were also accepted at the Bellefonte clinic.

There was usually no waiting list for the detox clinic since it was such a short stay. There was however a waiting list for the residential treatment.

The residential treatment was long-term treatment. It usually lasted 28 days- 1 year. The residential treatment consisted of group therapy and usually a detox was already completed (Michael Hayne, personal communication, February 16, 2006).

When the researcher asked both places if, in their opinions, more detox centers were needed, both replied, “Yes”. There was especially a need for more residential treatments because this treatment took longer, so patients had to stay longer. With the detox, the patients were done within 5-10 days, so the process was much faster (Michael Hayne, personal communication, February 16, 2006).

Ethical Considerations

The researcher did not have to deal with informed consent because the data collected was secondary information. The cases were kept confidential because the researcher did not put any identifying information on the data sheets. The researcher used a number system in order to identify the data sheets. The surveys had to be kept confidential because if the information about the clients had been made public it would have caused embarrassment to the individuals.

Methods

The researcher was interested in finding out how many cases in 2005 had substance abuse issues, and how many received some kind of help. The researcher conducted a secondary data analysis of the child protection service cases from the year 2005 (See Appendix 1). The only cases that were reviewed were from 2005 and the residents lived in Carter County, Kentucky.

A random sampling was conducted of one hundred cases out of three hundred cases. The researcher chose one case out of every five cases. The cases were not looked at until all one hundred cases had been chosen.

The data analysis had eleven questions. The researcher wanted to know if there was a documented substance abuse in the case; and if there was documented substance abuse, was the case substantiated or unsubstantiated. It was important to find out what type of substance was abused, and if the court ordered the client to get treatment. If the client did get treatment, then the researcher wanted to know where the client went for the treatment.

Once the data analysis was finished, the researcher used Snap, a computer software program that identified the percentages and made graphs from the information gathered to analyze the data.

A literature review was done to identify and define substance abuse. The researcher used journal articles, internet sources, interviews from workers in hospitals, and a drug police officer to complete the literature review.

Findings

After the secondary data analysis was completed, the researcher used the information to come to a conclusion. Out of one hundred cases, twenty-nine cases were unsubstantiated. Twelve cases had to be thrown out. Seven cases were substantiated, and fifty-two cases reported no substance abuse.

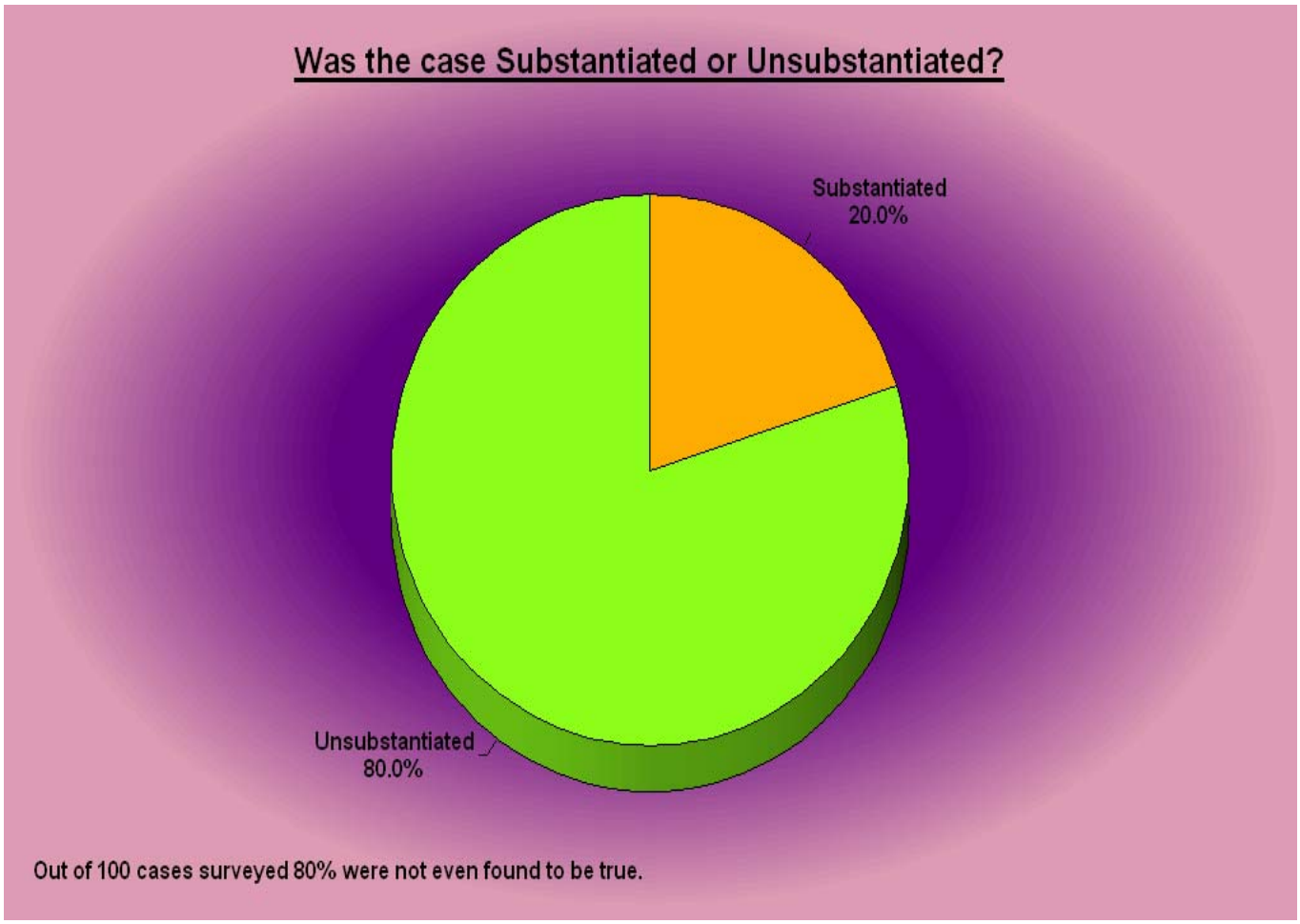
These were the case-by-case results. Of the twelve cases that could not be used, one case was from a different county. One case was not used because it was about an infant death. One case was not used because the interviews had not been completed. One case was not used because there were two different cases on the same person. Two cases had been thrown out because they were not from 2005. Six cases were not used because the social worker was unable to locate the client.

The results from the seven substantiated cases follow. Of the seven cases that had been substantiated, the clients had resources to help them with their drug addiction. Five were not ordered to get help. Two were ordered to get help. One client got help because he was sent to jail. Two clients went to juvenile detention centers, either the Walker House or Ramey Estep. Three clients went to Bellefonte Detox. One client went to a Methadone Clinic. All seven clients were in group therapy, and a social worker worked with them for at least six months.

Graphs

This first graph showed the difference between the cases that were substantiated and unsubstantiated. Out of one hundred cases only twenty percent were substantiated and eighty percent were unsubstantiated.

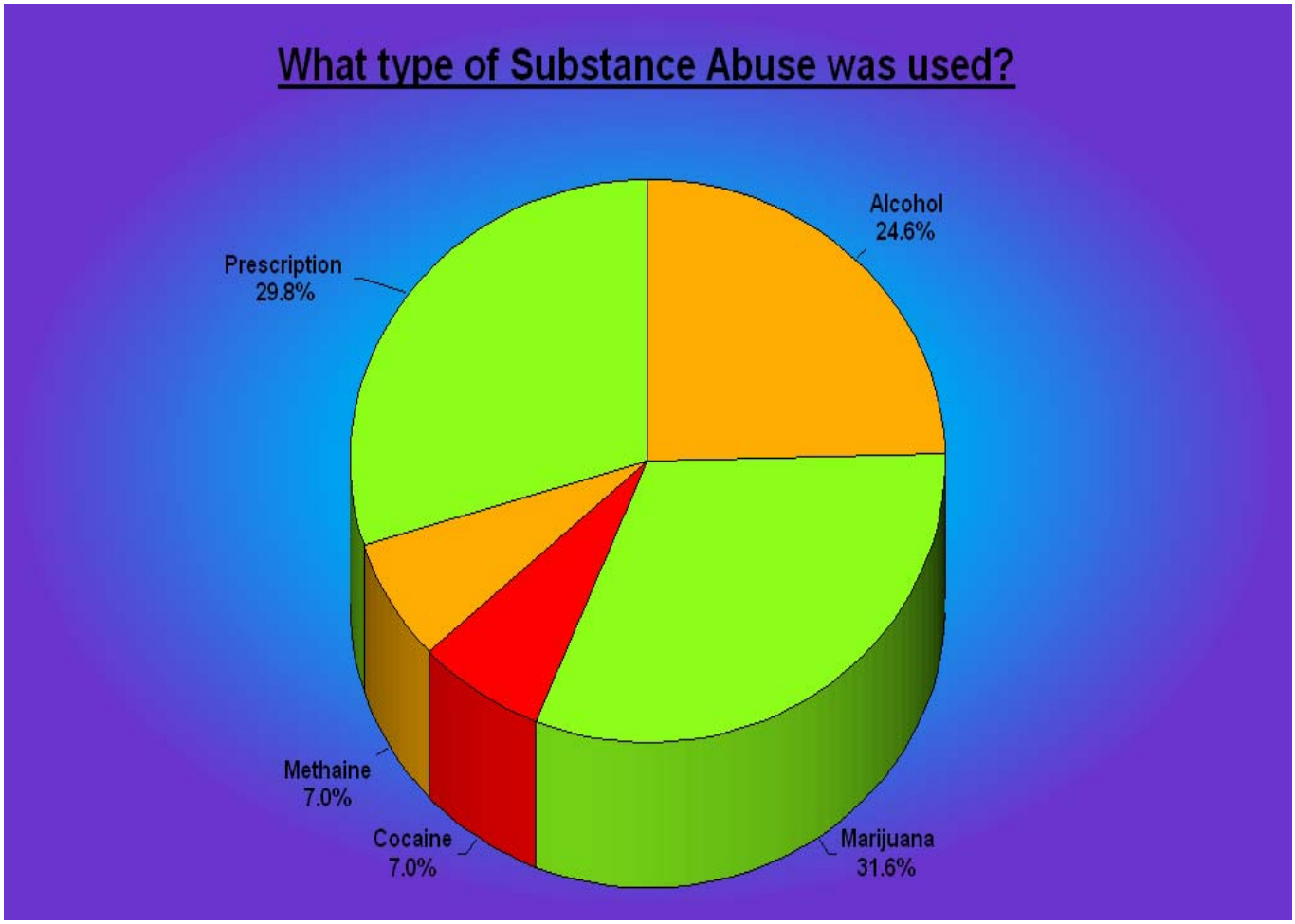
Graph One:



There were many reasons why a case was unsubstantiated. In some cases there were false reports, or a social worker was unable to get a drug screen. Even though a case has been unsubstantiated, it did not mean there was no drug usage involved. It simply meant the social worker could not get enough evidence together to conclude the parents were unable to provide for their children.

The next graph showed the percentage of the different types of drugs abused. Of the one hundred cases surveyed both substantiated and unsubstantiated, nearly thirty-two percent of the clients were abusing marijuana, nearly thirty percent were abusing prescription drugs, nearly twenty-five percent were abusing alcohol, and seven percent were abusing methane and cocaine.

Graph Two:



Service Provided by Agency

In many of the cases that were substantiated social workers worked with the families to get their children back if the children had been taken away. This was the main goal of the social workers. Many believed that the social workers did not care what happened to the clients that were addicted to drugs, however this was not true. This was relevant because the social workers goal was to help the families so the parents could get their children back.

If the social worker did not care what happened to the families then there would be more children in foster care for long-term periods; instead most children are in foster care or are placed with another family member until the parents could clean up their lives.

The social workers worked with the families and helped the clients to the point where they were no longer dependent on drugs. Once this was achieved, the social workers worked to get the client's life and family together. This was always the priority of the social workers.

Even though social workers wanted the families to be together, this did not always happen. The families were put back together for awhile; however, most clients from Carter County were seen by the social workers more than one time. In some cases the clients had five or six investigations done on them by social workers. Some clients never went off the drugs, and eventually some even died of an overdose.

Conclusion

Even though there was a high percentage of unsubstantiated cases in Carter County dealing with substance abuse issues, the researcher believed there was still a need for more resources in Carter County.

There were two detox centers available in the area. However, within Carter County, there were no existing facilities. Many families with drug abuse problems could not afford to travel outside of Carter County to go to a detox center. Having a detox center within the county would enable residents to stay closer to home and be less costly to themselves or their families.

There was one methadone clinic in Huntington, West Virginia. However there was nothing legal closer for the residents of Carter County. Again, it was too expensive for most families to provide transportation for themselves or family members. If a methadone clinic was provided in Carter County, then costs would be more attainable and practical for the people with low-incomes.

According to the reports of county social workers, a drug enforcement police officer, and workers at detox centers, more detox centers were needed within the county. Although much of the findings were difficult to substantiate, the people who worked with this issue reported that substance abuse is high based on their real-life observations. There did not seem to be much funding available for low-income families for substance abuse issues. Even when there is funding available, the clients must travel a great distance to receive treatment because there are very resources for them within Carter County.

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